

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER ▼ C C00488742	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee 720 Strategies LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2016	
Mailing Address 1111 19th St NW		Amount 850.00	
City Washington	State DC	Zip Code 20036-3603	Transaction ID : EA6A4977A6E5447D285C
Purpose of Expenditure Online Ad Costs		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Rep. Gene Green		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 29 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		955.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee 720 Strategies LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2016	
Mailing Address 1111 19th St NW		Amount 850.00	
City Washington	State DC	Zip Code 20036-3603	Transaction ID : EFEC5404C003D48ED9DA
Purpose of Expenditure Online Ad Costs		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Rep. Kevin P. Brady		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		955.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1700.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

[Electronically Filed]

Date

MM / DD / YYYY
02 / 18 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 6
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NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER ▼ C C00488742	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee 720 Strategies LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2016	
Mailing Address 1111 19th St NW		Amount 850.00	
City Washington	State DC	Zip Code 20036-3603	Transaction ID : E35FECC9904F3455092F
Purpose of Expenditure Online Ad Costs	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Rep. Mike D. Rogers		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 03 State: AL <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 32230.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee 720 Strategies LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2016	
Mailing Address 1111 19th St NW		Amount 850.00	
City Washington	State DC	Zip Code 20036-3603	Transaction ID : EB7B0CBF707F04ED29C9
Purpose of Expenditure Online Ad Costs	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Rep. Martha Roby		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: AL <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 32230.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1700.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER ▼ C C00488742	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee 720 Strategies LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2016		
Mailing Address 1111 19th St NW			Amount 1450.00		
City Washington	State DC	Zip Code 20036-3603	Transaction ID : E44207F1D409E4220953		
Purpose of Expenditure Online Ad Costs		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Sen. Richard C. Shelby			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AL		
Calendar Year-To-Date Per Election for Office Sought 32830.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee 720 Strategies LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2016		
Mailing Address 1111 19th St NW			Amount 850.00		
City Washington	State DC	Zip Code 20036-3603	Transaction ID : E04A251749A5F465CB4F		
Purpose of Expenditure Online Ad Costs		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Rep. Pete A. Sessions			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought 31230.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2300.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER ▼ C C00488742	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee National Association of REALTORS			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2016		
Mailing Address 430 N Michigan Ave			Amount 105.00		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E420A663205B34452872		
Purpose of Expenditure Consulting Services		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Rep. Gene Green		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 29 State: TX
Calendar Year-To-Date Per Election for Office Sought		955.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee National Association of REALTORS			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2016		
Mailing Address 430 N Michigan Ave			Amount 105.00		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E2C1BB50C3CCF4FF3A3I		
Purpose of Expenditure Consulting Services		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Rep. Mike D. Rogers		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 03 State: AL
Calendar Year-To-Date Per Election for Office Sought		32230.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	210.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee National Association of REALTORS		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2016	
Mailing Address 430 N Michigan Ave		Amount 105.00	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E86C7CC6E352C4AE3BD9
Purpose of Expenditure Consulting Services	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Rep. Kevin P. Brady		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee National Association of REALTORS		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2016	
Mailing Address 430 N Michigan Ave		Amount 105.00	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E6F4DFC729D0D46029A5
Purpose of Expenditure Consulting Services	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Rep. Pete A. Sessions		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	210.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee National Association of REALTORS		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2016	
Mailing Address 430 N Michigan Ave		Amount 105.00	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : EEFEB899F574549B684D
Purpose of Expenditure Consulting Services		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Rep. Martha Roby		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought		32230.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee National Association of REALTORS		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2016	
Mailing Address 430 N Michigan Ave		Amount 105.00	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E35E6FDC84A72438FAB1
Purpose of Expenditure Consulting Services		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Sen. Richard C. Shelby		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought		32830.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	210.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	6330.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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